

NOTICE OF INTENT TO APPEAL

STATE OF MAINE
WORKERS' COMPENSATION BOARD
APPELLATE DIVISION
1037 FOREST AVE, STE 11
PORTLAND, MAINE 04103-3382

CASE NAME: Gary Hopkins v. Verso Paper
WCB FILE# or AIU CASE#: 86027593C
ISSUANCE DATE OF DECISION: December 15, 2016
MAIL DATE OF DECISION: December 15, 2016

CHECK ONE:
 APPELLANT HAS ORDERED TRANSCRIPT FROM _____
(please notify Appellate Division when you receive transcript)
 TRANSCRIPT HAS ALREADY BEEN PREPARED
 REQUEST HAS BEEN MADE TO REGIONAL OFFICE TO ORDER TRANSCRIPT

APPELLANT:

COUNSEL NAME: Nelson Larkins
REPRESENTING: Verso Paper and Sedgwick CMS
STREET/P.O. BOX: One City Center, POB 9546, Portland, ME
CITY, STATE, ZIP: Portland Maine 04112-9546
TELEPHONE NUMBER: 207-791-3000
E-MAIL: nlarkins@preti.com

APPELLEE:

COUNSEL NAME: Kevin Noonan, Esq.
REPRESENTING: Gary Hopkins
STREET/P.O. BOX: McTeagueHigbee P.O. Box 5000
CITY, STATE, ZIP: Topsham, ME 04086
TELEPHONE NUMBER: 207-725-5581
E-MAIL: knoonan@mctaguehigbee.com


Please include the same information about additional parties on a separate sheet.

NOTICE

A party in interest may file with the Appellate Division a notice of appeal of a decision by an administrative law judge pursuant to 39-A M.R.S.A. §318 within 20 days after receipt of notice of issuance of the decision by the administrative law judge. When filing this notice, the appellant also shall file with the clerk a copy of the decision appealed.

- On December 19, 2016, Verso Paper and Sedgwick CMS received notice of the issuance of a decision by Administrative Law Judge David Hirtle in the above captioned case.
MONTH DAY YEAR APPELLANT NAME ADMINISTRATIVE LAW JUDGE NAME
- The appellant appeals the following issue(s):
Causation, nature and extent of incapacity

THEREFORE, the appellant asks the Appellate Division to review the decision pursuant to 39-A M.R.S.A. §321-B.



SIGNATURE OF APPELLANT
FILING INSTRUCTIONS

DATED: March 2, 2017
MONTH DAY YEAR

- Mail original notice to the clerk of the Appellate Division at the above address by regular mail, or hand deliver to any regional Board office.
- Mail one (1) copy by certified mail, return receipt requested to each other party named above.
- Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: (888) 801-9087 or TTY Maine Relay 711.
WCB-240 (eff. 1/1/13, rev. 10/21/16)